

NC-TOPPS Mental Health and Substance Abuse

Child (Ages 6-11)

Initial Interview

Use this form for backup only. Do not mail. Enter data into web-based system. (<http://www.ncdhs.gov/mhddsas/nc-topps>)

Clinician First Initial & Last Name

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LME Assigned Consumer Record Number

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Please provide the following information about the individual:

1. Date of Birth

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2. County of Residence:

3. Gender

☐ Male ☐ Female

4. Please select the appropriate age/disability category(ies) for which the individual will be receiving services and supports:

☐ Child Mental Health, age 6-11

5. Assessments of Functioning

a. Current Global Assessment of Functioning (GAF) Score

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6. Please indicate the DSM-IV TR diagnostic classification(s) for this individual. (See Attachment I)

Begin Interview

7. Is your child of Hispanic, Latino, or Spanish origin?

☐ Y ☐ N

8. Which of these groups best describes your child?

<input type="checkbox"/> African American/Black	<input type="checkbox"/> Alaska Native
<input type="checkbox"/> White/Anglo/Caucasian	<input type="checkbox"/> Asian
<input type="checkbox"/> Multiracial	<input type="checkbox"/> Pacific Islander
<input type="checkbox"/> American Indian/Native American	<input type="checkbox"/> Other

9. What kind of health/medical insurance does your child have? (mark all that apply)

<input type="checkbox"/> None	<input type="checkbox"/> Medicaid
<input type="checkbox"/> Private insurance/health plan	<input type="checkbox"/> Medicare
<input type="checkbox"/> TRICARE/Military Coverage	<input type="checkbox"/> Other
<input type="checkbox"/> Health Choice	<input type="checkbox"/> Unknown

10. Is your child currently enrolled in school or courses that satisfy requirements for a certification, diploma or degree? (Enrolled includes school breaks, suspensions, and expulsions)

☐ Y ☐ N → (skip to 11)

b. If **yes**, what programs are your child currently enrolled in for credit? (mark all that apply)

☐ Alternative Learning Program (ALP)- at-risk students outside standard classroom

☐ Academic schools (K-12)

11. For K-12 only:

a. What grade is your child currently in?

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b. For your child's most recent reporting period, what grades did s/he get most of the time? (mark only one)

☐ A's ☐ B's ☐ C's ☐ D's ☐ F's ☐ School does not use traditional grading system

c. If school does not use traditional grading system, for your child's most recent reporting period, did s/he pass or fail most of the time?

☐ Pass ☐ Fail

12. For K-12 only: In the past 3 months, how many days of school has your child missed due to...

a. Expulsion

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

b. Out-of-school suspension

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

c. Truancy

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

d. Is your child currently expelled from regular school? ☐ Y ☐ N

13. In the past 3 months, how often have your child's problems interfered with play, school, or other daily activities?

☐ Never ☐ A few times ☐ More than a few times

14. In the past year, how many times has your child moved residences?

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

→ (enter zero, if none and skip to 15)

b. What was the reason(s) for your child's most recent move? (mark all that apply)

☐ Moved closer to family/friends

☐ Moved to nicer or safer location

☐ Needed more supervision or supports

☐ Moved to location with more independence, better access to activities and/or services

☐ Could no longer afford previous location or evicted

15. In the past 3 months, where did your child live most of the time?

☐ Homeless → (skip to b)

☐ Residential program → (skip to c)

☐ Temporary housing → (skip to 16)

☐ Facility/institution → (skip to 16)

☐ In a family setting (private or foster home) → (skip to 16)

☐ Other → (skip to 16)

b. If homeless, please specify your child's living situation most of the time in the past 3 months.

☐ Sheltered (homeless shelter)

☐ Unsheltered (on the street, in a car, camp)

c. If residential program, please specify the type of residential program your child lived in most of the time in the past 3 months.

☐ Therapeutic foster home

☐ Level III group home

☐ Level IV group home

☐ State-operated residential treatment center

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16. Was this living arrangement in your child's home community? <input type="checkbox"/> Y <input type="checkbox"/> N	26. In the past 3 months, how often has your child had thoughts of suicide? <input type="checkbox"/> Never <input type="checkbox"/> A few times <input type="checkbox"/> More than a few times <input type="checkbox"/> Don't know																				
17. In the past 3 months, <u>who</u> did your child live with most of the time? (mark all that apply) <input type="checkbox"/> Mother/Stepmother <input type="checkbox"/> Sibling(s) <input type="checkbox"/> Father/Stepfather <input type="checkbox"/> Other relative(s) <input type="checkbox"/> Grandmother <input type="checkbox"/> Guardian <input type="checkbox"/> Grandfather <input type="checkbox"/> Other <input type="checkbox"/> Foster family	27. In the past month, how many times has your child been in trouble with the law? <i>(enter zero, if none)</i>																				
18. How long has it been since your child last visited a physical health care provider for a routine check up? <input type="checkbox"/> Never <input type="checkbox"/> Within the past year <input type="checkbox"/> Within the past 2 years <input type="checkbox"/> Within the past 5 years <input type="checkbox"/> More than 5 years ago	28. Does your child have a Court Counselor? <input type="checkbox"/> Y <input type="checkbox"/> N																				
19. In the past 3 months, how often did your child participate in... a. extracurricular activities? <input type="checkbox"/> Never <input type="checkbox"/> A few times <input type="checkbox"/> More than a few times b. support or self-help groups? <input type="checkbox"/> Never <input type="checkbox"/> A few times <input type="checkbox"/> More than a few times	29. In the past 3 months, has your child... a. had telephone contacts to an emergency crisis facility? <input type="checkbox"/> Y <input type="checkbox"/> N b. had visits to a hospital emergency room? <input type="checkbox"/> Y <input type="checkbox"/> N c. spent nights in a medical/surgical hospital? <i>(excluding birth delivery)</i> <input type="checkbox"/> Y <input type="checkbox"/> N d. spent nights homeless? (sheltered or unsheltered) <input type="checkbox"/> Y <input type="checkbox"/> N e. spent nights in detention, jail, or prison? <i>(adult or juvenile system)</i> <input type="checkbox"/> Y <input type="checkbox"/> N																				
20. Has your child used tobacco or alcohol? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Don't know	30. Other than yourself, how many active, stable relationship(s) with adult(s) who serve as positive role models does your child have? (i.e., member of clergy, neighbor, family member, coach) <input type="checkbox"/> None <input type="checkbox"/> 1 or 2 <input type="checkbox"/> 3 or more																				
21. Has your child used illicit drugs or other substances? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Don't know	31. How well has your child been doing in the following areas of his/her life in the past year? <table border="0" style="width: 100%;"> <thead> <tr> <th></th> <th style="text-align: center;"><u>Excellent</u></th> <th style="text-align: center;"><u>Good</u></th> <th style="text-align: center;"><u>Fair</u></th> <th style="text-align: center;"><u>Poor</u></th> </tr> </thead> <tbody> <tr> <td>a. Emotional well-being_____</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>b. Physical health_____</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>c. Relationships with family_____</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </tbody> </table>		<u>Excellent</u>	<u>Good</u>	<u>Fair</u>	<u>Poor</u>	a. Emotional well-being_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	b. Physical health_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	c. Relationships with family_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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c. Relationships with family_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																	
22. In the past 3 months, how often has your child been hit, kicked, slapped, or otherwise physically hurt? <input type="checkbox"/> Never <input type="checkbox"/> A few times <input type="checkbox"/> More than a few times <input type="checkbox"/> Deferred	32. Did you receive a list or options, verbal or written, of places for your child to receive services? <input type="checkbox"/> Yes, I received a list or options <input type="checkbox"/> No, I came here on my own <input type="checkbox"/> No, nobody gave me a list or options																				
23. In the past 3 months, how often has <u>your child</u> hit, kicked, slapped, or otherwise physically hurt someone? <input type="checkbox"/> Never <input type="checkbox"/> A few times <input type="checkbox"/> More than a few times <input type="checkbox"/> Deferred	33. Was your child's first service in a time frame that met his/her needs? <input type="checkbox"/> Y <input type="checkbox"/> N																				
24. In the past 3 months, how often has your child tried to hurt him/herself or caused him/herself pain on purpose (such as cut, burned, or bruised self)? <input type="checkbox"/> Never <input type="checkbox"/> A few times <input type="checkbox"/> More than a few times																					
25. In your child's lifetime, has s/he ever attempted suicide? <input type="checkbox"/> Y <input type="checkbox"/> N																					

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34. Did your child and/or family have difficulty entering treatment because of problems with... (mark all that apply)

- ☐ No difficulties prevented your child from entering treatment
- ☐ Active mental health symptoms (anxiety or fear, agoraphobia, paranoia, hallucinations)
- ☐ Active substance abuse symptoms (addiction, relapse)
- ☐ Physical health problems (severe illness, hospitalization)
- ☐ Family or guardian issues (controlling spouse, family illness, child or elder care, domestic violence, parent/guardian cooperation)
- ☐ Treatment offered did not meet needs (availability of appropriate services, type of treatment wanted by consumer not available, favorite therapist quit, etc.)
- ☐ Engagement issues (AWOL, doesn't think s/he has a problem, denial, runaway, oversleeps)
- ☐ Cost or financial reasons (no money for cab, treatment cost)
- ☐ Stigma/Embarrassment
- ☐ Treatment/Authorization access issues (insurance problems, waiting list, paperwork problems, red tape, lost Medicaid card, IPRS target populations, Value Options, referral issues, citizenship, etc.)
- ☐ Language or communication issues (foreign language issues, lack of interpreter, etc.)
- ☐ Legal reason (incarceration, arrest)
- ☐ Transportation/Distance to provider
- ☐ Scheduling issues (work or school conflicts, appointment times not workable, no phone)

35. What services in any of the following areas are important to your child? (mark all that apply)

- ☐ Educational improvement
- ☐ Housing (basic shelter or rent subsidy)
- ☐ Transportation
- ☐ Child Care
- ☐ Medical Care
- ☐ Legal issues

36. In the past month, how would you describe your child's mental health symptoms?

- ☐ Extremely Severe
- ☐ Severe
- ☐ Moderate
- ☐ Mild
- ☐ Not present

End of interview

**Enter data into web-based system:
<http://www.ncdhs.gov/mhddsas/nc-topps>**

Do not mail this form

Attachment I:

DSM-IV TR Diagnositic Classifications

Childhood Disorders

- ☐ Learning Disorders (315.00, 315.10, 315.20, 315.90)
- ☐ Autism and pervasive development (299.00, 299.10, 299.80)
- ☐ Motor skills disorders (315.40)
- ☐ Attention deficit disorder (314.xx, 314.90)
- ☐ Communication disorders (307.00, 307.90, 315.31, 315.39)
- ☐ Conduct disorder (312.80)
- ☐ Childhood disorders-other (307.30, 309.21, 313.23, 313.89, 313.90)
- ☐ Disruptive behavior (312.90)
- ☐ Mental Retardation (317, 318.00, 318.10, 318.20, 319)
- ☐ Oppositional defiant disorder (313.81)

Substance-Related Disorders

- ☐ Alcohol abuse (305.00)
- ☐ Alcohol dependence (303.90)
- ☐ Drug abuse (305.20, 305.30, 305.40, 305.50, 305.60, 305.70, 305.90)
- ☐ Drug dependence (304.00, 304.10, 304.20, 304.30, 304.40, 304.50, 304.60, 304.80, 304.90)

Schizophrenia and Other Psychotic Disorders

- ☐ Schizophrenia and other psychotic disorders (293.xx, 295.xx, 297.10, 297.30, 298.80, 298.90)

Mood Disorders

- ☐ Dysthymia (300.40)
- ☐ Bipolar disorder (296.xx)
- ☐ Major depression (296.xx)

Anxiety Disorders

- ☐ Anxiety disorders (other than PTSD) (293.89, 300.00, 300.01, 300.02, 300.21, 300.22, 300.23, 300.29, 300.30, 308.30)
- ☐ Posttraumatic Stress Disorder (PTSD) (309.81)

Adjustment Disorders

- ☐ Adjustment disorders (309.xx)

Personality, Impulse Control, and Identity Disorders

- ☐ Personality disorders (301.00, 301.20, 301.22, 301.40, 301.50, 301.60, 301.70, 301.81, 301.82, 301.83, 301.90)
- ☐ Impulse control disorders (312.31, 312.32, 312.33, 312.34, 312.39)
- ☐ Sexual and gender identity disorders (302.xx, 306.51, 607.84, 608.89, 625.00, 625.80)

Delerium, Dementia, & Other Cognitive Disorders

- ☐ Delirium, dementia, and other cognitive disorders (290.xx, 290.10, 293.00, 294.10, 294.80, 294.90, 780.09)

Disorders Due to Medical Condition and Medications

- ☐ Mental disorders due to medical condition (306, 316)
- ☐ Medication induced disorders (332.10, 333.10, 333.70, 333.82, 333.90, 333.92, 333.99, 995.2)

Somatoform, Eating, Sleeping & Factitious Disorders

- ☐ Somatoform, eating, sleeping, and factitious disorders (300.xx, 300.11, 300.70, 300.81, 307.xx)

Dissociative Disorders

- ☐ Dissociative disorders (300.12, 300.13, 300.14, 300.15, 300.60)

Other Disorders

- ☐ Other mental disorders (Codes not listed above)
- ☐ Other clinical issues (V-codes)